Warrick County Health Department 107 W. Locust St., Suite 204 Boonville, IN 47601 Phone: (812) 897-6105 (Ext.5) Fax: (812) 897-6104

Application for 2015 Food Permit: Temporary/Mobile

Establishment
All fields must be completed.

	Title		lame	Printed Name
	Date			Signature
	Money Order:	CheckMi	Method of Payment: CashCh	
	ğ; Ş	Amount of Fee Submitted: \$	Amount	
\$50		ating after June	Mobile/Temp. Facility only operating after June 30	
\$75		Temporary Establishment	Tempor	
\$75		Mobile Unit		
	le:	Permit Fee Schedule:	Permit	
The state of the s	□ Owner	☐ Facility	Which address should permit be mailed to?	Which addre
· · · · · · · · · · · · · · · · · · ·			SS;	Email Address:
To a graphical content		Fax Number:	PCC;	Phone Number:
Zip	State	City	Street	
	-		ress:	Mailing Address:
Mentanta	.7	Phone Number:	e;	Owner Name
190milionopi.		Owner		
application.	orary to obtain the proper a	Mobile / Temporary	ype of Business: Permanent* Mobile / Temporary *This application is for Mobile/Temporary facilities only. Permanent establishments need to obtain the proper application.	Type of Business: *This application is fo
	Yes 📙 No	***************************************	Has ownership changed within the last 12 months?	Has owners
The state of the s	Number of Employees:			Business Hours.
17000718.8 A MIRONIA . L			Manager / On-Site Supervisor:	Manager / (
		i i i i i i i i i i i i i i i i i i i	Certified Food Safety Employee(s):	Certified Foo
			55:	Email Address:
	ber:	Fax Number:	ber:	Phone Number:
Zip	State	City	5treet	
			Mailing Address (if different):	Mailing Ada
Zip	State	City	Street	***************************************
Antonio de Carlos de			tress:	Physical Address.
The control of the state of the			(C)	Facility Name:
		Business	5	

For office use only: Permit #